PTO/SB/83 (09-04)

REQUEST FOR MET DRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

| | | F 10/00/03 103-04 |
|------------------------|-----------------|-------------------|
| Application Number | 10/807,643 | |
| Filing Date | 03/23/2004 | |
| First Named Inventor | Aaron V. Kaplan | |
| Art Unit | 3738 | |
| Examiner Name | S.J. Jackson | |
| Attorney Docket Number | 025530-000210US | |

| To: Commissioner for P.O. Box 1450 Alexandria, VA | | | | | | | | |
|---|---|---------------------|----------------------------|----------|-----------|---------|--------------|-----------------------|
| Please withdraw me | as attorney or agent for the above | e identifie | ed pater | it app | lication, | and | | |
| all the attorney | s/agents of record | | | | | | | |
| all the attorney | vs/agents (with registration numb | ers) listed | on the | attach | ned pap | er(s), | or | |
| all the attorneys/agents associated with Customer Number 20350 | | | | | | | | |
| NOTE: This be practitioned | ox can only be checked when the ers associated with a customer n | e power o umber. | f attorne | ey of r | ecord in | n the a | ipplicatio | n is to all the |
| The reasons for this requ | est are: at the request of the clie | nt. | | | | | | |
| | | • | | | | | | |
| | CORRESPON | DENCE | ADDI | RES | S | | | |
| 1. The corresponde | ence address is NOT affected by | this withd | rawal. | | | | | |
| 2. Change the correspondence address and direct all future correspondence to: | | | | | | | | |
| | | | | | | | | |
| The address associated with Customer Number: | | | | | | | | |
| OR | | | | | | | | |
| Firm or Individual Name | Gerard von Hoffmann, III, Esq. | | - | | | | | |
| Address | Knobbe, Martens, Olsen & Bear 2040 Main Street, 14th Floor | LLP | | | | | | |
| City | Irvine | State | CA | | | | Zip | 92614 |
| Country | USA | | | | | | | |
| Telephone | 949-721-2815 | | | | Fax | 949- | 760-9502 | 2 |
| Signature | | | | | | | | |
| Name James M. H | eslin | <u>.</u> | | Reg | istratior | No. | 29,541 | |
| Date APRIL | B, 2005 | - | | Tele | phone | No. | 650-326 | 5-2400 |
| NOTE: Withdrawal is effective who | en approved rather than when received. Un or possible extension period, the request to | less there are | at least 3 ormally disa | 0 days i | between a | pproval | of withdrawa | al and the expiration |

373.8CFW

PTO/SB/21 (09-04)

4/8/05

Date

| 9 s | Application Number | 10 | 0/807,643 | | | | |
|---|---|-----------|--|--|--|--|--|
| TRANSMITTAL | Filing Date | . 03 | 3/23/2004 | | | | |
| ស្ត្រី FORM | First Named Inventor | Aa | aron V. Kaplan | | | | |
| * | Art Unit | | 738 | | | | |
| (to be used for all correspondence after initial filing) | Examiner Name | S. | J. Jackson | | | | |
| Total Number of Pages in This Submission | Attorney Docket Number | 02 | 25530-0002100US | | | | |
| Total Number of Fages III This Submission | | | | | | | |
| EI | ENCLOSURES (Check all that apply) | | | | | | |
| Fee Transmittal Form | Drawing(s) | | After Allowance Communication to TC Appeal Communication to Board | | | | |
| Fee Attached | Licensing-related Papers | | of Appeals and Interferences Appeal Communication to TC | | | | |
| Amendment/Reply | Petition | | (Appeal Notice, Brief, Reply Brief) | | | | |
| After Final | Petition to Convert to a Provisional Application | | Proprietary Information | | | | |
| Affidavits/declaration(s) | Power of Attorney, Revoca | | Status Letter | | | | |
| Extension of Time Request | | e Address | Other Enclosure(s) (please identify | | | | |
| | Terminal Disclaimer | | Return Postcard | | | | |
| Express Abandonment Request | Request for Refund | | Request for Withdrawal as Attorney or Agent | | | | |
| Information Disclosure Statement | CD, Number of CD(s) | | and Change of Correspondence Address | | | | |
| · | Landscape Table o | n CD | | | | | |
| Certified Copy of Priority Document(s) | marks The Commission Account 20-1430 | | rized to charge any additional fees to Deposit | | | | |
| Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | | | | | | |
| SIGNATURE | OF APPLICANT, AT | ORNEY, | OR AGENT | | | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Townsend and Townsend and Crew LLP | | | | | | | |
| Signature | | | | | | | |
| Printed name James M. Heslin | | | | | | | |
| Date APRIL 8, 2 | 1005 F | Reg. No. | 29,541 | | | | |
| CERTIFICATE OF TRANSMISSION/MAILING | | | | | | | |
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | | | | | |
| Signature | a Jan | | | | | | |

Typed or printed name

Brad J. Loos